**Recent Photo**

*\** If you are sending this through e-mail, please save this filled form.

Attached a recent photograph in JPEG file.

Please send both files

to us. Thank you.



# **Application Form**

＊This form only allows you to apply for long-term or short-term missions.＊

＊Please complete this form in English unless otherwise stated. ＊

**12/F, Tai Lee Mansion, 165-167 Pei Ho Street, Sham Shui Po, Kowloon**

**Mailing address: P.O.Box 88544, Sham Shui Po Post Office**

**Tel: 2312 6110 / Fax: 2366 2097　Website:** [**www.omhk.org**](http://www.omhk.org)

**GS/GA/MDS Email:** [**personnel.hk@om.org**](mailto:personnel.hk@om.org)**GC Email:** [**recruiting.hk@om.org**](mailto:recruiting.hk@om.org)

### A PROGRAMME DETAILS 報名項目資料

|  |  |
| --- | --- |
| Name of Campaign: **GS/GA / MDS / GC (please specify):**  GS=Global Service(2 years or above)　GA=Global Action(1 to 2 years)　 MDS=Mission Disciple Scheme(6 months to 1 year)　GC=Global Challenge(less than 3 months) | |
| Location: | Date(Please fill as D / M / Y - D / M / Y): |

### B PERSONAL DETAILS 個人資料

* Please fill date as D/M/Y format (D=Day, M=Month, Y=Year). Please fill as much details as possible.
* Please fill in your name according to your Passport. Please **CAPS** your family name.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: **Mr / Mrs / Miss /** **Rev　　Full Passport Name**: | | | | | |
| 中文姓名: | | HKID Number: | | Gender:  **Male /** **Female** | |
| Nationality: | | Place of Birth: | | Date of Birth: | |
| Passport Type:  **HKSAR /  BN(O) / Others:** | | | (if any) Passport Type:  **HKSAR /  BN(O) / Others:** | | |
| Passport Number: | Place of Issue: | | (if any) Passport Number: | | (if any) Place of Issue: |
| Issue Date: | Expiry Date: | | (if any) Issue Date: | | (if any) Expiry Date: |
| Present Address: | | | | | |
|  | | | Email: | | |
| Tel: (Mobile) | | Tel: (Office) | | Tel: (Home) | |

### C EMERGENCY CONTACT 緊急聯絡人資料

|  |  |  |  |
| --- | --- | --- | --- |
| Person to contact, in case of emergency: | | | Relationship with you: |
| Email: | | | |
| Tel: (Mobile) | Tel: (Office) | Tel: (Home) | |

### D FAMILY 家庭

|  |  |  |
| --- | --- | --- |
| Marital Status: **Never married** / **Serious relationship** / **Engaged** / **Married** / **Widowed** / **Separated** / **Divorced** / **Remarried** | | |
| Name of Spouse: | Date of Birth: | Date of marriage: |

|  |  |  |
| --- | --- | --- |
| Name of your Father: | | Date of Birth: |
| Email: | | State of Health: |
| Tel: (Mobile) | Tel: (Office) | Tel: (Home) |
| Present Address: | | |
| Name of your Mother: | | Date of Birth: |
| Email: | | State of Health: |
| Tel: (Mobile) | Tel: (Office) | Tel: (Home) |
| Present Address: | | |

**OR**

|  |  |  |
| --- | --- | --- |
| Next of Kin: | | Date of Birth: |
| Email: | | State of Health: |
| Tel: (Mobile) | Tel: (Office) | Tel: (Home) |
| Present Address: | | |

Other Family Members:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Date of Birth | Relationship | State of Health |
|  | **M / F** |  |  |  |
|  | **M / F** |  |  |  |
|  | **M / F** |  |  |  |
|  | **M / F** |  |  |  |

### E EDUCATION AND WORK EXPERIENCE 教育及工作背景

|  |  |  |
| --- | --- | --- |
| Highest education attained: | | |
| Qualification attained | Name of School | Year |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Current employment & Work experience (recent 5 years): | | |
| Name of Company | Job Title & Duties | Period |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Professional qualifications: | | |
|  | | |
|  | | |
|  | | |
| Other skills: | | |
|  | | |
|  | | |
|  | | |
| Do you possess a valid driver’s license? (***If yes,*** *which type? Please state your License number*) | | |

What language(s) do you know? **(Levels 1 to 10; 1=Beginner, 10=Native)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Language | Read | Write | Speak | Language | Read | Write | Speak |
| Cantonese |  |  |  |  |  |  |  |
| English |  |  |  |  |  |  |  |
| Mandarin |  |  |  |  |  |  |  |

Musical Ability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area | None | A Little | Experienced | Good |
| Bass Guitar |  |  |  |  |
| Guitar |  |  |  |  |
| Flute |  |  |  |  |
| Drums |  |  |  |  |
| Keyboard |  |  |  |  |
| Piano |  |  |  |  |
| Vocal |  |  |  |  |
| Others (Please state): |  |  |  |  |

### F HEALTH 健康

|  |
| --- |
| Do you have any physical disability, health problem or are you on regular medication? **Yes No (If YES**, *please give details below***)** |
|  |
|  |
| How stable is your emotional status? |
|  |
|  |
| Do you have special dietary need? |
|  |
|  |

### G CHRISTIAN LIFE信仰生活

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Please give your testimony of faith on a separate page. | | | *請另頁書寫得救見證。(可用中文)* | | |
| * **(For GS/GA/MDS only)** Please share your mission calling on a separate page. | | | *請另頁分享差傳心志。(可用中文)* | | |
| When did you accept Jesus as your personal Saviour? Year | | Are you baptized? **Yes****No  If YES**, when were you baptized? Year | | | |
| Denomination: | Name of Church ( 中文 ): | | | (in English): | |
| Name of Pastor: | | Title: | | | |
| Email: | | Tel: (Office) | | | Tel: (Mobile) |
| Present Address: | | | | | |
| Please give details of another leader from your home church as a reference, who knows you well and have worked with you in the same ministry. ***(For GS/GA/MDS only)*** | | | | | |
| Name of Leader: | | Relationship with you: | | | |
| Email: | | Tel: (Office) | | | Tel: (Mobile) |
| Present Address: | | | | | |
| Have you ever been involved in Christian Service? **Yes** **No**  **(If YES**, *please give details below***)** | | | | | |
| a) With your Church: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| b) With another Organisation: | | | | | |
|  | | | | | |
|  | | | | | |
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Experience in Evangelism

|  |
| --- |
| Have you ever been involved in any evangelical outreach in HK? **Yes  No (If YES,** *please briefly explain***)** |
|  |
|  |
| Have you acquired any evangelical equipment? **Yes No** **(If YES**, please briefly explain**)** |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of experience | No Experience | Very Little | Some | Experienced |
| Door to Door |  |  |  |  |
| Open Air |  |  |  |  |
| Children’s work |  |  |  |  |
| Sketch-board |  |  |  |  |
| Mime/Drama |  |  |  |  |
| Gospel Camp |  |  |  |  |
| Puppets |  |  |  |  |
| Others (Please state): |  |  |  |  |

Have you had previous short-term mission experience? **Yes  No  (If YES,** *please give details below***)**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Location | Activities | Organisation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you had previous OM experience? **Yes  No  (If YES,** *please give details below***)**

|  |  |  |
| --- | --- | --- |
| Date | Location | Activities |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Have you been an OM campaign team leader before? **Yes**  **No** | | |

### H MISCELLANEOUS其他

|  |  |
| --- | --- |
| 1. How did you first hear about OM? | |
| 1. How did you know about this campaign?   **OMHK Website**  　**OMHK Newsletter (晴/Change)**  　**OMHK Facebook**  　**Church**  　**Pastor**  　**Friend**  　**Other (*Please state*)**  I agree  **OR** I do not agree  to receive news and invitations from OMHK through email and consent to the use of my personal data for this purpose.  You can opt out at any time by contacting. | |
| 1. What are your reasons for applying to OM? | |
|  | |
|  | |
|  | |
| 1. Please describe briefly why would you like to join this OM campaign? | |
|  | |
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|  | |
| 1. What are your expectations for joining this campaign? | |
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|  | |
| 1. Have you ever been dismissed or not accepted by another mission? (If YES, please give details) | |
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|  | |
|  | |
|  | |
| 1. Does your family encourage/object to your involvement with OM? (***Please give details***) | |
|  | |
|  | |
| 1. Does your church encourage/object to your involvement with OM? (***Please give details***) | |
|  | |
|  | |
| 1. Do you have to raise your financial support for joining this campaign? **Yes****No** | |
|  | |
|  | |
| 1. ***(For GS/GA/MDS only)*** Do you have any other debts and/or financial commitments? (***If yes,*** *please give details*) | |
|  | |
|  | |
| 1. Are you considering long-term missionary service? (***Please briefly explain****)* | |
|  | |
|  | |
| 1. Please provide any other relevant information that we should know. | |
|  | |
|  | |
| I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I also hereby authorize sharing of the information furnished on this form with the Operation Mobilisation (HK) Ltd. | |
| **Date (dd/mm/yyyy):** | **Signature:** |

**Checklist of Forms and Documents to be submitted**

|  |  |
| --- | --- |
|  | **Forms/Documents Required** |
|  | Application for to applying long-term or short-term missions. |
|  | The applicant’s recent photograph in JPEG file. |
|  | Photocopy of the applicant’s Hong Kong Identity Card. |
|  | Photocopy(ies) of the applicant’s passport(s). |
|  | The applicant’s testimony of faith in English or Chinese. |
|  | The applicant’s mission calling in English or Chinese. *(For GS/GA/MDS only)* |
|  | Registration fee HK$200. *(For GC only)*  \*You can make your cheque payable to “Operation Mobilisation (HK) Ltd”. Please send us your cheque.  Please be reminded to write your name, contact details and the name of the programme you are applying for at the back of the cheque. |

After we receive your documents and church recommendation, we will arrange an interview with you.